

# **Children's SIG Youth Sub-Committee Meeting**

*Tuesday, October 18, 2005*

*9:30 a.m. – 1:00 p.m.*

## Members Present

Sue Adams	Judith Vohland	Jonah Deppe
Pat Lopez	David Cygan	Mark DeKraai
Roxie Cillessen	Renee Dozier	Alice Drake
Ruth Henrichs	Lori Griggs (for Frank Jenson)	Todd Reckling
Harriett Lambrecht	Victoria Weisz	

## Teleconferencing Members

Linda Jensen	Eve Bleyhl	Jerry Easterday
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Facilitator: Kate Speck

## **Presentation by Todd Reckling**

The purpose of this presentation was to give the committee current state ward facts and figures. The first graph (Average # of State Wards) displays the total number of kids who are state wards. As you can, the chart ranges from 6996-7439 youth. 2005 has more kids that are state wards. This graph also illustrates the average number of kids who were in out of home placement (2001-first six months of 2005).

The second graph (Derived Placement Report for Out of Home Youth) graphs the trend of out of home placements. The graph shows the total out of home placements and how those numbers are broken up into HHS and OJS. HHS would represent children who are in out of home placements because of abuse and neglect, they are status offenders (violated a social offense but not a law), dependency-no fault petitions (their placement is at no fault of the parents), or temporary situation where there is court intervention. The OJS category is for delinquencies, misdemeanors, or felonies.

Typically 68-70% of Nebraska state wards are in some out of home care situation. May of 2005 was an all-time high with roughly 5200 children in out of home placements.

Recent reports found Nebraska to be the 2<sup>nd</sup> highest state of children ages 0-18 becoming a state ward per 1000 kids. These results are somewhat misleading because some states don't have combined services; there are many caveats. Still the rate continues to be high and services such as crisis intervention, supportive services, educational support, etc. need to be implemented so we don't have so many children in out of home care.

Todd agreed to bring the group the “Average # of State Wards” & “Derived Placement Report” graphs broken down to 12-18 year-olds. Further he will bring the breakdown of 3A, 3B, & 3C filings that will be categorized by county.

As for kids who have been placed out of state, there are currently 52 kids. Not too long ago HHS reported an all-time low of 11. This was accomplished by reaching out to local providers and encouraging them to do whatever necessary to bring the kids back home. Evaluators were sent out of state to evaluate the children and then efforts were made in Nebraska placements to accommodate the children. Children who are highly aggressive, MRMI (DD), and sex offenders are often those children who are sent out.

Three articles from American Psychologist were distributed to the Youth Subcommittee.

The number of kids on probation is decreasing. In the future it might be useful to have a tool that can look at all populations. Are the kids that were probation just going to OJS?

**\*\*Lori can get statewide probation data for the group\*\*** by next meeting Nov. 7 in the afternoon

Research indicates that one of the worst predictors of future problems is to become a state ward. One strategy might be to focus more on the probation side to prevent children becoming state wards.

Members were encouraged to provide input on Medicaid reform:

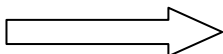
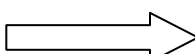
[www.hhss.ne.gov/med/reform](http://www.hhss.ne.gov/med/reform) provides information about where public forums are going to be held.

Harriet from Families Care-Kearney presented information about the Nebraska Family Central system of care project. Materials were distributed to members.

Renee presented information about Families First and Foremost in Region 5 and provided a handout.

Members worked as teams of two to complete the matrix below.

## Youth Grid

Youth: Building Blocks						
Promotion			Prevention			Intervention
	1. Policies & Procedures	2.Partnerships	3. Funding	4.Workforce	5. Outcome Evaluation	
A. Increase awareness of youth issues						
B. Outreach and education						
C. Early identification of State Wards						
D. Evidence-based interventions						
E. Network of service providers						

- A. Increase Awareness of Youth Issues (Harriet & Jonah)
  - a. Policies and Procedures
    - i. State and regional youth advisory boards, consisting of youth (not made up of adults)
    - ii. School based programs (bullied, made of fun of) need a merging of schools and mental health-overcome stigma in youth and staff. It is about ignorance, follow through with policy.
    - iii. Expansion of faith based programs-sounded like a comfortable place for a lot of kids. Support for those faith based organizations for education with mental health issues (kids were more accepted in church camps)
  - b. Partnerships
    - i. Federation and local family groups-help establish youth advisory groups
    - ii. School based programs would need a partnership between education and mental health
    - iii. Faith based-Mental health and churches
  - c. Funding
    - i. Skipped funding
  - d. Workforce
    - i. Mentioned in partnership
  - e. Outcome Evaluation
    - i. Safety in the community and school
- B. Outreach and Education
  - a. Policies and Procedures
    - i. Identify areas of education gaps
    - ii. Community (families, smaller towns)
    - iii. Legislature-Political entities, agencies and workers
    - iv. Problems-little money goes into prevention, need more money to increase awareness
  - b. Partnerships
    - i. As many organizations and families as possible
    - ii. Look at who is missing and why are they missing
    - iii. Identifying what each agency or entity can bring to the table as far as working with youth and educating them
  - c. Funding
    - i. Need more flexible for funding agency programming
    - ii. Look at how you can be more efficient with the funding (make sure someone is not doing exactly the same thing)-best practice
  - d. Workforce
    - i. People who do a lot of this work, lots of turnover and pay is minimal-need a stable workforce
    - ii. How to retain good workers (incentives, training, etc.)

- iii. Be careful with workforce because some people are trying to accomplish their own agendas
    - iv. Address the “wounded workforce”
  - e. Outcome Evaluation
    - i. Leave open
- C. Early Identification of State Wards (Lori & Ruth)
  - a. Policies and Procedures
    - i. Policy and procedure + funding
    - ii. Early identification and intervention
    - iii. Overhaul look at entire Kids Connect and Medicaid, make funds accessible to non state wards
    - iv. Agencies need help to serve low income families without having to tap into Medicaid.
    - v. How can we keep people out of the system instead of looking for more money sources...costs continue to go up.
    - vi. Need to do longitudinal studies, convinced we need to start there.
    - vii. Need to prove (do a study) we can’t prove anything, need to show effectiveness of early intervention
    - viii. Must be able to follow kids
  - b. Partnerships
    - i. Mental health schools need to identify early youth and families that need services
    - ii. HHS
    - iii. Law enforcement
    - iv. State ward diversion program
  - c. Funding
    - i. Not enough time
  - d. Workforce
    - i. Not enough time
  - e. Outcome Evaluation
    - i. Not enough time
- D. Evidence-Based Interventions (Sue & Renee)
  - a. Policies and Procedures
    - i. Evidence based interventions
    - ii. Infrastructure procedure to purchase/direct EB interventions by funders
  - b. Partnerships
    - i. Needed to educate partners on EB interventions
    - ii. Usually targeted to a specific population (can’t use for everything)
    - iii. Courts, HHS, schools, families, physical health, mental health, faith based, regions, child welfare, OJS, behavioral health, doctors, foster care review board
    - iv. Partner to providers to ensure that provision of EB intervention is financially viable
  - c. Funding

- i. Look at access, ensuring access for families. Stop looking at unit only funding
  - d. Workforce
    - i. Support the workforce, cost of training
    - ii. Recognize providers have needs, if you want it done must train and support providers
  - e. Outcome Evaluation
    - i. Determine what will be paid for that is evidence based
    - ii. Develop performance measures for provision of EB interventions
    - iii. Support providers in getting where they need to be and hold them accountable
    - iv. Fidelity to the model
- E. Network of Service Providers
  - a. Policies and Procedures
    - i. Need to review the system
    - ii. Possible legislation
    - iii. Need across the board policies
  - b. Partnerships
    - i. A memorandum of understanding
    - ii. Criteria for membership and you can't leave people out
    - iii. Service or whatever you provide is available
  - c. Funding
    - i. Consistent for funding
  - d. Workforce
    - i. Education related to system of care changes
    - ii. Do people understand and are they keeping up with current trends (conference???)
  - e. Outcome Evaluation
    - i. Services are more effectively delivered
    - ii. Common evaluation standards

Next Meeting: November 7<sup>th</sup>, 1:00 – 4:00